

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Don		11/1/99
O.I.P.E. CLASSIFIER		21	1/5/00
FORMALITY REVIEW		605711	1-15-94

INDEX OF CLAIMS

..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 (Through numeral) Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10-11-99
2	✓	✓	10-11-99
3	✓	✓	10-11-99
4	✓	✓	10-11-99
5	✓	✓	10-11-99
6	✓	✓	10-11-99
7	✓	✓	10-11-99
8	✓	✓	10-11-99
9	✓	✓	10-11-99
10	✓	✓	10-11-99
11	✓	✓	10-11-99
12	✓	✓	10-11-99
13	✓	✓	10-11-99
14	✓	✓	10-11-99
15	✓	✓	10-11-99
16	✓	✓	10-11-99
17	✓	✓	10-11-99
18	✓	✓	10-11-99
19	N		
20	N		
21	N		
22	N		
23	N		
24	N		
25	✓	✓	10-11-99
26	✓	✓	10-11-99
27	✓	✓	10-11-99
28	✓	✓	10-11-99
29	✓	✓	10-11-99
30	✓	✓	10-11-99
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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—If more than 150 claims or 10 actions  
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